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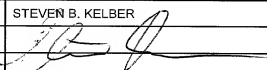
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UTILITY PATENT APPLICATION TRANSMITTAL

Utility for new nonprovisional applications under 37 CFR 1.53(b)

| | |
|--|---|
| Attorney Docket No. | 9558-003-27 |
| First Inventor or Application Identifier | TOSHIKI TAYA |
| Title | OLIGONUCLEOTIDES AND METHOD FOR DETECTION OF MECA GENE OF METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS |

| | |
|---|--|
| <p>APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents</p> <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p><input type="checkbox"/> Applicant claims small entity status.</p> <p>2. <input checked="" type="checkbox"/> Specification Total Pages 41</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) Total Sheets 5</p> <p>4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 4</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 16 completed)</p> <p>5. <input type="checkbox"/> Incorporation By Reference (usable if box 4B is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4B, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> | <p>ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231</p> <p>ACCOMPANYING DOCUMENTS</p> <p>6. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>7. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p> <p>8. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>9. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>10. <input type="checkbox"/> Preliminary Amendment</p> <p>11. <input checked="" type="checkbox"/> White Advance Serial No. Postcard</p> <p>12. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>13. <input checked="" type="checkbox"/> Request for Priority</p> <p>14. <input type="checkbox"/> List of Inventors' Names and Addresses</p> <p>15. <input checked="" type="checkbox"/> Other: Computer-readable copy of Sequence Listing (diskette) Statement Under 37 CFR 1.821(f)</p> |
| <p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below:</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application no.: Prior application information: Examiner: Group Art Unit:</p> | |
| <p>17. Amend the specification by inserting before the first line the sentence:</p> <p><input type="checkbox"/> This application is a <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of application Serial No. Filed on</p> <p><input type="checkbox"/> This application claims priority of provisional application Serial No. Filed</p> | |
| <p>18. CORRESPONDENCE ADDRESS</p> <p>Supervisor, Patent Prosecution Services PIPER MARBURY RUDNICK & WOLFE LLP 1200 Nineteenth Street, N.W. Washington, D.C. 20036-2412 Telephone No. (202) 861-3900 Facsimile No. (202) 223-2085</p> | |

| | | | |
|-----------|---|------------------|--------------|
| Name | STEVEN B. KELBER | Registration No. | 30,073 |
| Signature |  | Date | 5/29/01 |
| Name | | Registration No. | |
| | | Telephone | 202-861-3900 |

FEE TRANSMITTAL

| | | | | |
|-------------------------|--|----------------|------------------------|--|
| FEE TRANSMITTAL | | Docket No. | 9558-003-27 | |
| | | Serial No. | NEW PATENT APPLICATION | |
| | | Filing Date | HEREWITH | |
| | | Inventor(s) | TOSHIKI TAYA, ET AL. | |
| | | Group Art Unit | | |
| TOTAL AMOUNT OF PAYMENT | | \$750.00 | Examiner | |

1. ☐ Applicant claims small entity status.

FEE CALCULATION (continued)

■ Charge any **UNDERPAYMENT** or credit any **OVERPAYMENT** in the indicated fees to Deposit Account No. 50-1442.

☐ Charge the indicated fees to Deposit Account No. 50-1442.

3. ADDITIONAL FEES

| | Large Entity | | Small Entity | | Fee Description | Fee Paid |
|----------------------|--------------|----------|--------------|----------|-----------------------------------|----------|
| | Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 2. ■ Check enclosed. | 105 | 130 | 205 | 65 | Surcharge-late filing fee or oath | |

FEE CALCULATION

1. BASIC FILING FEE

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 101 | 710 | 201 | 355 | Utility filing fee | \$710.00 |
| 106 | 320 | 206 | 160 | Design filing fee | |
| 107 | 490 | 207 | 245 | Plant filing fee | |
| 108 | 710 | 208 | 355 | Rescue filing fee | |
| 114 | 150 | 214 | 75 | Provisional filing fee | |
| SUBTOTAL (1) | | | | | \$710.00 |

2. EXTRA CLAIM FEES

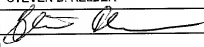
| | | | | | | | | | | | | | | | |
|--|---|---|-----|---|-------|---|------|---|---|-----|------|-----|-----|--------------------------|--|
| tot. claims | 8 | - | 20* | = | 0 | x | \$18 | = | 0 | 121 | 270 | 201 | 123 | Request for Oral Hearing | |
| ind. claims | 3 | - | 3* | = | 0 | x | \$80 | = | 0 | 142 | 1240 | 242 | 620 | Utility/Rescue Issue Fee | |
| <input type="checkbox"/> Multiple Dependent Claims | | | | | \$270 | = | | | | 143 | 440 | 243 | 230 | Design Issue Fee | |

| Large Entity | | Small Entity | | Fee Description | Fee Paid |
|--------------|----------|--------------|----------|---|----------|
| Fee Code | Fee (\$) | Fee Code | Fee (\$) | | |
| 103 | 18 | 203 | 9 | Claims in excess of 20 | |
| 102 | 80 | 202 | 40 | Independent claims in excess of 3 | |
| 104 | 270 | 204 | 135 | Multiple dependent claim, if not paid | |
| 109 | 80 | 209 | 40 | *Rescue independent claims over original patent | |
| 110 | 18 | 210 | 9 | *Rescue claims in excess of 20 and over original patent | |

OTHER (indicate below)

| | | | | | | | | | |
|--------------|--|--|--|--------|--------------|--|--|--|---------|
| SUBTOTAL (2) | | | | \$0.00 | SUBTOTAL (3) | | | | \$40.00 |
|--------------|--|--|--|--------|--------------|--|--|--|---------|

* or number previously paid, if greater. For Rescues, see above

| | | | |
|-----------|---|------------------|--------------|
| Name | STEVEN B. KELBER | Registration No. | 30,073 |
| Signature |  | Date | 5/29/01 |
| Name | | Registration No. | |
| | | Telephone | 202-861-3900 |